

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named  
Inventor : Zine-Eddine Boutaghou et al.

Appln. No. :

Filed : HEREWITH

For : DATA CARD INCLUDING  
MAGNETIC STRIP HAVING A  
TEXTURED SURFACE OR  
INTERFACE

Docket No.: S01.12-0835/STL 10107 *Kvale*

Group Art Unit:

Examiner:

jc997 U.S. PTO  
10/056717  
01/25/02

#2  
11 Apr 02  
R. Tally

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

EXPRESS MAIL NO. EV049898460us  
DATE OF DEPOSIT: January 25, 2002

The patents or publications listed on the enclosed PTO Form-1449 are submitted pursuant to 37 C.F.R. § 1.97. Copies of the patents or publications cited are enclosed.

The Director is authorized to charge any fee deficiency required by this paper or credit any overpayment to Deposit Account No. 23-1123.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By: *Deirdre Megley Kvale*

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DMK:tas

# FEE TRANSMITTAL

Complete if Known

Application No.	
Filing Date	HEREWITH
First Named Inventor	Zine-Eddine Boutaghout et al.
Title	DATA CARD INCLUDING A MAGNETIC STRIP HAVING A TEXTURED SURFACE OR INTERFACE
Group Art Unit	
Examiner Name	

Total Amount of Payment \$ 860

Atty. Docket Number S01.12-0835/STL 10107

## METHOD OF PAYMENT (Check One)

1.  The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A.

2.  Check Enclosed

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		
Fee	Fee	Fee	Fee	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>
101	740	201	370	<input checked="" type="checkbox"/> Utility Filing Fee
106	330	206	165	<input type="checkbox"/> Design Filing Fee
108	740	208	370	<input type="checkbox"/> Reissue Filing Fee
114	160	214	80	<input type="checkbox"/> Prov. Filing Fee
<b>Subtotal (1)</b>				<b>\$ 740</b>

### 2. EXTRA CLAIM FEES

	Number Claims	Prior*	Extra	Fee from Below	Fee Paid
Total	22	20	2	18	36
Indep.	4	3	1	84	84

### Multiple Dependent Claims

\*\* Insert 3 and 20, or number previously paid if greater; Reissue see below

### 3. ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	280	980
120	320	220	160
121	280	221	140
148	110	248	55
140	110	240	55
141	1,310	241	670
142	1,310	242	670
143	490	243	260
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
Other Fee (specify) _____			

Subtotal (2) \$ 120

Subtotal (3) \$

Signature Deirdre Kvale  
(Deirdre Megley Kvale)

Reg. No. 35,612

Date 1/25/02

Deposit Account No. 23-1123

10/05/02  
U.S. PTO  
10/05/02  
01/25/02